



LOUISVILLE METRO DEPARTMENT OF
**COMMUNITY SERVICES
AND REVITALIZATION**

LOUISVILLE METRO VOLUNTEER SERVICES
Foster Grandparent Program (FGP)
810 Barret Ave. Louisville, KY 40204
VOLUNTEER APPLICATION FORM



The Foster Grandparent Program (FGP) is federally funded by the Corporation for National and Community Service, Senior Corps.

Name (Mr. Mrs. Ms.) _____ **Date of Birth** _____

Address _____ **Phone No.** _____

City _____ **State** _____ **Zip Code** _____ **SSN** _____

Marital Status: _____ **Married** _____ **Widow(er)** _____ **Single** _____ **Divorced**
(please check one)

Source of referral to FGP: _____ newspaper _____ family member _____ presentation at a group or
meeting

_____TV/radio _____ another volunteer _____ friend _____ other (please specify) _____

Are you currently employed? () Yes () No If yes, where? _____

No. of Hours Worked Per Week _____ Previous employment _____

Educational Level (Please circle last grade completed): Elementary School 1 2 3 4 5 6 7 8

High School 9 10 11 12 College 1 2 3 4 Graduate (Major) _____

Previous volunteer experience (Where, When and Job Description) _____

Special training, skills or interests, i.e., Languages, Teaching experience, Trades, Hobbies, etc. _____

Have you ever been fined or convicted for violation of any law? () Yes () No (If yes, explain)

Restrictions that might/will affect your availability for volunteer service (family, work schedule, etc.)

(over)

List total monthly income for **all household members** from the following sources:

Social Security _____ SSI _____ Retirement Pension _____ Salary From Employment _____
amount amount amount amount
Interest Income _____ Other Income _____
amount amount please list source of other income

TOTAL MONTHLY HOUSEHOLD INCOME \$ _____ **Number of Persons in Household** _____

Please list names and addresses of character references (please do not list relatives):

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

I plan to use the following means of transportation to and from the assigned volunteer site:

() Drive myself () TARC () TARC3 () Ride with someone () Walk
() other (please list) _____

If you plan to drive yourself:

Your Driver's License # _____ Drivers License Renewal Date _____

Car Liability Insurance Company _____

Insurance Policy No. _____ Insurance Renewal Date _____

In case of emergency please notify:

Name _____ Address _____

Phone No. _____ Relationship _____

Physician _____ Phone No. _____

I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if I am accepted as a member of FGP, any misstatement or omission of information could be cause for dismissal.

Signature of FGP Volunteer _____ Date _____

Signature of FGP Coordinator _____ Date _____

Signature of FGP Director _____ Date _____